



# SUGGESTION EVALUATION FORM

**EMPLOYEE SUGGESTION PROGRAM USE ONLY. EVALUATING AGENCY ESP COORDINATOR PLEASE COMPLETE PART I:**

## PART I.

Suggestion #:	Suggestion Topic/Category Code (Table Attached):	Date Received:
Evaluating Agency Code/Title:	Evaluating Unit:	Date Sent to Evaluator:
<b>TO (evaluator):</b>		

## INSTRUCTIONS:

1. Please use this form to evaluate the attached suggestion: Type or print clearly in black ink.
2. For assistance, call Agency ESP Coordinator. Name: \_\_\_\_\_ Phone: \_\_\_\_\_
3. Complete, date, and return signed form to Agency ESP Coordinator by Date: \_\_\_\_\_

## PART II. REVIEW OF SUGGESTIONS

1. If any of the following apply to this suggestion, indicate which and explain.  
☐ A. Relates to a personal grievance or complaint.  
☐ B. Involves pay practices.  
☐ C. Unclear, incomplete, or not specific.  
☐ D. Concerns established procedures not being followed.  
☐ E. Concerns result or subject of studies, audits, surveys, etc.

2. To your knowledge, does this suggestion accurately describe the current situation, condition, method, procedure, etc., in Section II of the Employee Suggestion Form?

\_\_\_ Yes    \_\_\_ No    If No, what is the actual current situation?

3. To your knowledge, has this suggestion previously been proposed/considered by agency management?

\_\_\_ Yes    \_\_\_ No    If Yes, what action was taken? (Supporting documentation pre-dating suggestion should be available on request.)

4. If implemented, would this suggestion stimulate other savings/improvement activities?

\_\_\_ Yes    \_\_\_ No    If Yes, describe action stimulated.

## **Analysis and Recommendation**

1. Do you recommend that this suggestion be adopted and implemented?

\_\_\_ Yes    \_\_\_ No    Please explain your recommendation.

2. Please note issues that would need to be considered in order to implement this suggestion.

<p>3. Would the proposed change require legislative action?  <input type="checkbox"/> Yes    <input type="checkbox"/> No          If Yes, would you support such action?  <input type="checkbox"/> Yes    <input type="checkbox"/> No</p>	
<p>4. What benefits can be derived from this suggestion?  <input type="checkbox"/> Tangible    <input type="checkbox"/> Intangible    <input type="checkbox"/> None          If you believe that benefits would derive from implementing this suggestion, please complete Part III.</p>	
<p>5. What agencies could benefit from implementing this suggestion?  <input type="checkbox"/> All  <input type="checkbox"/> Categories or names of agencies:</p>	
<p>Signed:</p>  <hr style="border: 0; border-top: 1px solid black;"/> <p style="text-align: center;">(Signature of Evaluator)</p>	<p>This evaluation complies with the policies of the Employee Suggestion Program, signed:</p>  <hr style="border: 0; border-top: 1px solid black;"/> <p style="text-align: center;">(Signature of Agency ESP Coordinator)</p>
  <hr style="border: 0; border-top: 1px solid black;"/> <p style="text-align: center;">(Print Name)</p>	  <hr style="border: 0; border-top: 1px solid black;"/> <p style="text-align: center;">(Print Name)</p>
  <hr style="border: 0; border-top: 1px solid black;"/> <p style="text-align: center;">(Date)</p>	  <hr style="border: 0; border-top: 1px solid black;"/> <p style="text-align: center;">(Date)</p>
<p>I concur with this evaluation of the suggestion.</p>  <hr style="border: 0; border-top: 1px solid black;"/> <p style="text-align: center;">(Signature of Supervisor/Manager of Evaluator)</p>  <hr style="border: 0; border-top: 1px solid black;"/> <p style="text-align: center;">(Print Name)</p>  <hr style="border: 0; border-top: 1px solid black;"/> <p style="text-align: center;">(Date)</p>	Empty space for supervisor/manager signature

## PART III. CALCULATION OF BENEFITS - RECOMMENDED SUGGESTIONS ONLY

### SECTION A – DETERMINATION OF TANGIBLE BENEFITS

#### Item One

I agree that implementing this suggestion will result in financial earnings or savings.

\_\_\_ Yes    \_\_\_ No    If No, please explain.

#### Item Two

I agree with the suggester's estimate of money earned or saved.

\_\_\_ Yes    \_\_\_ No    If No, please explain.

IF THE SUGGESTION WILL RESULT IN FINANCIAL EARNINGS OR SAVINGS, PLEASE FORWARD THIS FORM TO YOUR AGENCY'S FISCAL OFFICE FOR COMPLETION OF SECTION C.

### SECTION B – DETERMINATION OF INTANGIBLE BENEFITS

Complete this Section only if the suggestion is recommended for adoption AND the answer to Item One in Section A is "No." Points total determines the number of days of leave to be awarded.

#### FACTORS

#### POINTS AWARDED

1. Degree of improvement in operations, forms, facilities or equipment

None .....	0 Pts.
Minor .....	5 Pts.
Moderate .....	15 Pts.
Major .....	20 Pts.

\_\_\_\_\_ Pts.

2. Degree of improvement in employee relations, working conditions, safety, service to the public or public attitude:

None .....	0 Pts.
Minor .....	5 Pts.
Moderate .....	15 Pts.
Major .....	20 Pts.

\_\_\_\_\_ Pts.

FACTORS		POINTS AWARDED
3. Extent of application:		
Single operation, facility, office .....	0 Pts.	
Several operations, facilities, offices .....	5 Pts.	
A majority of the employees, facilities, divisions of an agency or university .....	10 Pts.	
A majority of the employees, facilities, divisions of two or more agencies.....	15 Pts.	
Statewide (most agencies, universities) .....	20 Pts.	_____ Pts.
4. Completeness of proposal:		
Not completely or clearly presented or required considerable clarification .....	0 Pts.	
Basic facts sound, needed some refining .....	5 Pts.	
Facts clearly presented, little further effort required to put idea into effect .....	10 Pts.	
Facts clearly presented, no further effort required to put idea into effect .....	20 Pts.	_____ Pts.
5. Effort involved:		
No research involved .....	0 Pts.	
Average substantiation .....	5 Pts.	
Considerable personal research.....	15 Pts.	_____ Pts.
6. Cost of adoption:		
Large .....	0 Pts.	
Moderate .....	5 Pts.	
Small .....	10 Pts.	_____ Pts.
TOTAL POINTS:		_____ Pts.

**SECTION C – COMPUTATION OF DOLLAR SAVINGS (To be completed by Fiscal Officer.)****SUGGESTION SAVINGS DUE TO CHANGES IN:**

\_\_\_\_ Labor      \_\_\_\_ Supplies      \_\_\_\_ Revenue      \_\_\_\_ Energy Usage      \_\_\_\_ Other (specify)  
\_\_\_\_ Space      \_\_\_\_ Equipment      \_\_\_\_ Materials      \_\_\_\_ Maintenance Procedure

**COMPARISON OF PERIODS (compare two [2] twelve-month periods)**

Old Method

Suggested Method

Starting Date:

Ending Date:

Starting Date:

Ending Date:

To project dollar savings or revenue expected from implementing this suggestion, complete the section below that best represents savings that would realistically result from the suggestion. NOTE: This estimate is for use in evaluating the suggestion. Any award to the suggester will be based on actual first-year results.

**COST SAVINGS CALCULATIONS****A. Determine Annual Cost of Old Method:**

Determine units of measure (hours, tons, miles, kilowatts, pieces, items, copies, etc.).

\_\_\_\_ x \_\_\_\_ + \_\_\_\_ = \_\_\_\_  
Number of Units Per      Cost Per Unit      Other Costs (explain)      Annual Cost of Old  
Year      Method

**B. Estimate First-Year Cost of Suggested Method:**

Use same units of measure as in old method.

\_\_\_\_ x \_\_\_\_ + \_\_\_\_ = \_\_\_\_  
Number of Units Per      Cost Per Unit      Other Costs (explain)      Projected Annual  
Year      Cost of Suggested  
Method

**C. Estimate Cost to Implement:**

List one-time costs to implement that are not included in B above.

(1) Capital Items	(2) Cost	(3) Years of Life	(4) 2 – 3 = 4 (First-Year Cost)
_____	_____	_____	_____
_____	_____	_____	_____
Total Cost:	_____	_____	_____

**D. Revenue Producing Calculation:**

Determine annual revenues of old system for first 12-month period of implementation.

[ \_\_\_\_ - \_\_\_\_ ] x \_\_\_\_ = \_\_\_\_  
Revenue per Unit –      Revenue per Unit –      Unit per Year –      Increased Revenue  
Suggested      Old      Suggested Method

**E. First-Year Savings Calculation:**

\_\_\_\_ - [ \_\_\_\_ + \_\_\_\_ ] = \_\_\_\_  
Annual Cost – Old      Annual Cost –      Cost to Implement      Projected Net First-  
Method      Suggested Method      Minus Revenue      Year Savings

This computation of first-year savings represents reasonable and accurate costs with adherence to State budget policies.

Signed:

Date:

(Evaluating Agency Fiscal Officer)

## PART IV. DHRM'S RECOMMENDATION

This suggestion will be sent to agency(ies) to be implemented. The employee should receive the following award:

\_\_\_\_ Tangible      Cash (Amount based on actual savings or revenue for first 12 months of implementation, or total savings or revenue if realized in less than 12 months.) \_\_\_\_\_

\_\_\_\_ Intangible      Days of Leave\* \_\_\_\_\_

\*Based on the following scale:

<u>Points</u>	<u>Day of Leave</u>
89-105	5 Days
71-88	4 Days
53-70	3 Days
35-52	2 Days
18-34	1 Day
Less than 18	None

Comments:

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
(DHRM ESP Manager)

**ESP CATEGORY CODE TABLE**

<b>* CODE</b>	<b>CATEGORY DESCRIPTION</b>
01	ACCOUNTING AND BUDGETING
02	ADMINISTRATIVE PROCESSES
03	BENEFITS
04	BUILDINGS AND GROUNDS
05	BUSINESSS OPERATIONS AND PROCEDURES
06	COMMUNICATIONS, PUBLICATIONS
07	ENERGY, ENVIRONMENT
08	FORMS, AUTOMATED AND PAPER
09	HUMAN RESOURCES
10	INFORMATION TECHNOLOGY
11	LEGAL REQUIREMENTS
12	METHODS AND EFFICIENCY
13	PARKING
14	POLICY
15	PURCHASING AND CONTRACTING
16	REVENUE
17	SAFETY, SECURITY, HAZARD REDUCTION
18	SERVICE OR QUALITY IMPROVEMENT
19	SUPPLIES OR EQUIPMENT
20	TRAVEL REGULATIONS
21	WASTE, RECYCLING
22	WORKPLACE CONDITIONS
23	NO CATEGORY ASSIGNED

**\* Agency ESP Coordinators: Please categorize suggestion in the most specific suitable category, noting code on Suggestion Evaluation Form.**